

## **Medicaid: Training Requirements**

According to the DHS/DCFS Contract, Part I. C. 4.,

*DEFICIT REDUCTION ACT- MEDICAID FRAUD AND ABUSE: The Contractor shall meet requirements for Medicaid-specific Federal Assurances, Section 6032 of the Deficit Reduction Act of 2005 (Employee Education About False Claims Recovery). The Contractor shall educate its employees, agents, and subcontractors about:*

- a. The False Claims Act, 31 United States Code §§3729-3733;*
- b. Administrative Remedies For False Claims and Statements, 31 United States Code §§3801-3812;*
- c. The Utah False Claims Act, Utah Code § 26-20-1, et seq.;*
- d. The Utah Protection of Public Employees Act, Utah Code § 67-21-1, et seq.;*
- e. Policies and procedures for detecting and preventing fraud, waste, and abuse;*
- f. How to report suspected fraud, waste and abuse of Medicaid funds;*
- g. The whistleblower protections afforded employees that report suspected fraud, waste, and abuse of Medicaid funds in good faith; and*
- h. The penalties for filing false or fraudulent claims for Medicaid payment.*

*If the Contractor maintains an employee handbook, the Contractor shall include the information described above and its policies and procedures for detecting and preventing Medicaid fraud, waste and abuse, in its employee handbook.*

*Additional information is available on the DHS website.*

According to the DHS/DCFS Contract, Part II. D. 1.,

### *Training Requirements*

*c. General Training Requirements: The Contractor shall ensure that all of the following training requirements are met:*

*(1) All staff, volunteers, and mental health providers are trained and receive at a minimum four hours of training on the following topics within the first week of employment and prior to working with Clients. The Contractor shall obtain employee signature or electronic verification that employees understand the training they have received:*

- (a) An orientation to requirements of this Contract.*
- (b) Review of the DHS Provider Code of Conduct.*
- (c) The Contractor's emergency management and business continuity plan, including emergency response and evacuation procedures.*
- (d) Abuse and Harassment training, including but not limited to physical, emotional, and sexual abuse and harassment, for all staff coming in contact with Clients that includes the following:*
  - i. A zero-tolerance policy for abuse and harassment;*
  - ii. How to comply with Contractor's abuse and harassment prevention and response policy and procedures;*
  - iii. A Client's right to be free from abuse and harassment;*
  - iv. The right of Clients and employees to be free from retaliation for reporting abuse and harassment;*
  - v. How to detect and respond to signs of threatened and actual abuse;*
  - vi. How to avoid inappropriate relationships with Clients;*

- vii. How to comply with laws related to mandatory reporting of abuse to outside authorities; and*
- viii. Laws regarding unlawful sexual activity with a minor.*

**(2) Volunteers:**

- (a) The Contractor shall provide volunteers with direct supervision unless the volunteer has received the training listed above in c.*
- (b) The level and type of training provided to volunteers in addition to the training listed in c.(1) shall be based on the services the Contractor provides and level of contact they have with Clients.*
- (c) The Contractor shall maintain documentation confirming that volunteers have received and agree to comply with the training they have received.*
- (d) Training Requirements for Non-clinical Direct Care Staff*

*In addition to the above training, the Contractor shall ensure staff members providing wrap services or other non-clinical direct care staff also meet the following training requirements specified for direct care staff:*

**(1) Non-clinical direct care staff- First 60 days of employment:**

*In addition to the above training, all non-clinical direct care staff shall receive an additional 32 hours of training covering all of the subjects listed below. Until these training requirements are met, staff providing day group skills services shall not provide direct care or supervision of Client(s) unless staff are being supervised by a trained direct care staff that is on duty and in the presence of the Client. Intensive supervision staff/mentor shall not provide direct care or supervision of Client(s) until all training requirements are completed. Non-clinical direct care staff may receive credit for prior training on an hour-for-hour basis provided there is written documentation of training content, where, when, and who provided the training, that the training was in the following areas and was received within a period of two years prior to employment with the Contractor.*

- (a) Basic child/adolescent development and normal behavior.*
- (b) How child abuse, neglect, and unstable family dynamics affect normal child development, including how to recognize indicators of abuse and neglect.*
- (c) Trauma informed care, separation, grief, and loss, including:*
  - i. How trauma impacts both behavioral and mental health issues;*
  - ii. How separation from family or permanent caregivers affects the Client;*
  - iii. How to assist the Client in handling feelings of sadness, loss, anxiety, and anger;*
  - iv. The benefits of including the Client's family or legal guardian in the provision of care services and continuing visitation and contact;*
  - v. The negative impact of multiple placements; and*
  - vi. The importance of effective transition plan(s) between placements or when terminating treatment.*
- (d) Cultural sensitivity in regards to recognizing each Client's cultural roots as well as the difference between race, ethnicity, and gender.*
- (e) Practice guidelines found at DHS/DCFS website on Lesbian Gay Bisexual Transgender Questioning (LGBTQ), to be used for both Divisions.*
- (f) Behavior management including role play, positive reinforcement, de-escalation and skill building.*

- (g) Discipline methods including natural and logical consequences, specialized skill training in aggression management, and the prohibition of physical punishment of Clients.
- (h) Requirements in regards to health care including medical, dental, and mental health appointments, medication management procedures, and documentation.
- (i) First-Aid and Cardiopulmonary Resuscitation (CPR) certification.
- (j) DHS/DJJS Incident Reporting Reference Guide (<http://www.hspolicy.utah.gov>, DHS/DJJS Policy Section 5) to be used for both Divisions.
- (k) Suicide Prevention which must include identification of warning signs and risk factors, observing and monitoring suicidal and self-harming Clients and coordinating with the health professional(s) to determine necessary treatment and safety plans.
- (l) Emergency/Crisis Incidents: As described in this Contract.
- (m) Emergency Safety Intervention: As described in this Contract.
- (n) Programs shall provide pre-service training in gender specific services, programming, and issues for adolescents to include, at a minimum:
- i. Adolescent gender-specific development and health issues;
  - ii. Effects of gender-specific abuse/trauma;
  - iii. Gender-specific philosophy;
  - iv. Gender-specific crime trends; and
  - v. Adolescent gender-specific risks and resiliency.
- (o) Programs serving clients who are victims of sexual abuse, or sexual offenders, shall provide pre-service training to address sexual abuse victim/sexual offender specific related training to include, at a minimum:
- i. Behavioral characteristics of sexual abuse victims and Clients with sexual behaviors;
  - ii. Family dynamics;
  - iii. Supervision needs of Clients with sexual behaviors; and
  - iv. Specific training shall be required for programs treating sexual offenders.
- (p) Programs serving Clients who are substance dependent, or substance abusing, shall provide pre-service training to address substance dependency and abuse.
- (q) Programs serving Clients with specific mental health diagnoses of FASD, TBI and ASD, shall provide pre service training to address and include, at a minimum:
- i. The need for individualized treatment planning;
  - ii. The organic nature of these diagnoses;
  - iii. Behaviors that are specific to these populations; and
  - iv. Programming shall be focused on structure and repetition to replace insight-based interventions.
- (r) Programs serving Clients with specific mental health diagnoses shall provide pre-service training to include, at a minimum:
- i. How to understand the Clients' mental health diagnoses and appropriately interact;
  - ii. Use and effects of psychopharmacology; and
  - iii. Appropriate interaction with Clients based on their diagnoses.
- (s) Programs serving Clients with specific behavioral disorders shall provide pre-service training to include applied behavioral analysis and how to carry out interventions.

*(t) Training that addresses the individual needs of specific Clients such as how to care for a specific health care, behavioral, or developmental need.*

*(2) **Non-clinical direct care staff for DHS/DJJS contract-** First 12 months of employment: In addition to the initial four hours, and subsequent 32 hours of training, all direct care staff (non-clinical) shall receive 12 hours of additional training based on the Contractor's program and the Contractor's evaluation of individual direct care staff training needs.*

*(3) **Non-clinical direct care staff for DHS/DCFS contract-** First 12 months of employment: In addition to the initial four hours and subsequent 32 hours of training, all direct care staff (non-clinical) shall receive 12 hours of additional training consisting of:*

- (a) Practice Model Provider Training provided by DHS/DCFS; and*
- (b) Training based on the Contractor's program and the Contractor's evaluation of individual direct care staff training needs.*

*(4) **Existing Non-clinical direct care staff-**The Contractor shall ensure that all staff hired prior to this contract shall complete, or have completed, the above trainings, no later than 60 days after the effective date of this contract.*

*(5) **Non-clinical direct care staff- Annual training-**After the first year and annually thereafter, all direct care (non-clinical) shall receive an additional 20 hours of training in the subjects listed below: Review of requirements of Division contracts (DHS/DJJS and/or DHS/DCFS);*

- (b) Review "Use of Confidential Information" section of contract;*
- (c) Review of the DHS Provider Code of Conduct;*
- (d) Emergency management and business continuity, including emergency response and evacuation procedures;*
- (e) Review medication management procedures, including documentation;*
- (f) Maintenance of CPR and First-Aid certifications;*
- (g) Review emergency/crisis incidents, emergency safety intervention, and DHS/DJJS incident report reference guide; and*
- (h) Other training as needed based on the Contractor's program and the Contractor's evaluation of individual direct care staff training needs.*

#### **E. Training Assessment and Documentation**

*The Contractor shall ensure that all of the following training and documentation requirements are met:*

*(1) Develop and implement a method to assess and measure the staff's understanding of the information and materials presented in each training session. The following are examples of types of measurements that may be used:*

- (a) Testing and scoring*
- (b) Written summary of training content*

*(2) Documentation for all training shall include:*

- (a) Title and brief description of course content;*
- (b) Date training completed;*
- (c) Duration of training course;*
- (d) Instructor name and qualifications that relate to the subject matter;*

*(e) Signatures of employees who completed the training; and Documentation of each employee's competency in the training.*